UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

SECTION 4(6), AND/OR
Washington, DCUNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:	April 30, 2008			
Estimated average burden				
hours per response 16.00				
SEC USE ONLY				
Prefix	Serial			
	1			
DATE RECEIVED				
	20			

Name of Offering ([] check if this is an	amendment and name has ch	nanged, and indicate	e change.)	
Social Solutions Global, Inc. Series A-3 C	onvertible Preferred Stocl	4		
Filing Under (Check box(es) that apply): []		[X] Rule 506	[] Section 4(6)	[] ULOE
Type of Filing: [] New Filing [X] Amendm				
	A. BASIC IDEN	TIFICATION D.	ATA III	M COMO DOMENIA DO DE 1800 DO DE 1890 DO 1890
1. Enter the information requested about	V-0			
Name of Issuer ([] c neck if this is an amendme	nt and name has changed, and i	ndicate change.)	\\ \ 1\ \ 1	<u> </u>
Social Solutions Global, Inc.				08046836
Address of Executive Offices (Number and Street	t, City, State, Zip Code)		Telephone Num	iber (Including Area Code)
2400 Boston Street, Suite 360			(410) 732-3560	,
The Factory Building, Third Floor Baltimore, Maryland 21224			(410) 732-3300	
Address of Principal Business Operations (Numb	er and Street, City, State, Zip C	ode)	Talankana Nam	has (factorial Area Cada)
(if different from Executive Offices)			Telephone Num	iber (Including Area Code)
Same				
Brief Description of Business				•••
Develop and sell software				
Type of Business Organization				
[X] corporation	[] limited partnership, alr	eady formed [] other (please specify):	PROCESSED
[] business trust	[] limited partnership, to	be formed		ADD 4 D coco
	Month Year			
Actual or Estimated Date of Incorporation	10011061		Wilder of Difference	, THOWSON

GENERAL INSTRUCTIONS

or Organization:

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

[08][06]

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

CN for Canada; FN for other foreign jurisdiction) [D][E]

[X] Actual [] Estimated

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) cog jes of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filled with the SEC. Filing Fee: There is no federa filing fee.

This notice shall be used to in licate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice wit the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

	0 0.	• •					
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Edmund Gillooley							
Business or Residence Addre	ess (Number and	d Street, City, State, Zip	Code)				
116 Cameron Drive, Wallings	ord, PA 19086						
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Addre	ess (Number and	d Street, City, State, Zip	Code)				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first,	if individual)				-		
Business or Residence Addre	ess (Number and	d Street, City, State, Zip	Code)				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)							

Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or
Full Name (Last name first,					Managing Partner
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		•
	(15)	53D G (10	53 p 000	(1 m)	[] General and/or
Check Box(es) that Apply: Full Name (Last name first,	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	Managing Partner
- Late Marie (East harde 1115t,	ii marviduar)				·
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number an	d Street, City, State, Zip	Code)		
					[] General and/or
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	Managing Partner
Full Name (Last name first,	ii inuividuai)				
Business or Residence Address	ess (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first,	if individual)				Managing 1 articl
Business or Residence Addre	ess (Number an	d Street, City, State, Zip	Code)		
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
C. OFFER	ING PRICE, N	UMBER OF INVEST	ORS, EXPENSES ANI	USE OF PRO	CEEDS
Enter the aggregate offering Enter "0" if answer is "none indicate in the columns below	e" or "zero," If the	transaction is an exchang	e offering, check this box [] and	
Type of Security				Aggreg	
Debt			•••••	Offering \$	Price Sold \$
Equity] Commo				\$	\$
[X] Preferi				\$U 00,000,0	Ip to 7.94 \$925,007.06
				\$ <u></u>	\$ \$
Other (Specify)				\$	\$
I otal		,	**************************	\$5∪	Ip to \$925,007.06

1,000,007.94

Answer also in Appendix, Column 3, if filing under ULOE.

	Accredited Investors	Number Investors 9	Aggregate Dollar Amount of Purchases \$925,007.06
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		ф
	Regulation 4		ъ
•	Rule 504		\$ \$
4. a	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	. [] . [x] . [] . []	\$\$ \$\$ \$\$ \$\$ \$\$
	I Viai	. [x]	350,00

C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AND U	JSE OF PROCEI	EDS
and total expenses furnished in response to	offering price given in response to Part C - Que Part C - Question 4.a. This difference is the "ad	justed	<u>\$950,00</u> 7.94
for each of the purposes shown. If the amount f	oss proceeds to the issuer used or proposed to be for any purpose is not known, furnish an estimate tal of the payments listed must equal the adjuste art C - Ouestion 4.b above.	e and	
		Payments to Officers, Directors, &	Payments To
0.1.1.1.0		Affiliates	Others
			[]\$ []\$
		[] 2	[]2
Purchase, rental or leasing and installation of m	acninery	[]\$	[]\$
Construction or leasing of plant buildings and		 	[]\$
Acquisition of other businesses (including the v			
securities involved in this offering that may be used in exchange for the assets or securities of another issuer			[]\$
		[]\$	[]\$
Working capital		[]\$	[x] \$950,007.94 []\$
Other (specify):	<u> </u>	[12	[]\$
Column Totals		. []\$	[x] \$950,007.94
Total Payments Listed (column totals added)		. [x] \$9:	50,007.94
	D. FEDERAL SIGNATURE		
signature constitutes an undertaking by the issuer to	by the undersigned duly authorized person. If this notifurnish to the U.S. Securities and Exchange Commissed duted investor pursuant to paragraph (b)(2) of Rule 50	sion, upon written re	
Issuer (Print or Type) Social Solutions Global, Inc.	Signature Markh LS-L-h-	Date April &, 2008	
Name of Signer (Pr:nt or Type)	Title of Signer (Print or Type)		
By: Matthew L. Schubert	Chief Executive Officer		
	ATTENTION		



Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)